

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2016
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF CLEMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 1165 S PEACE HAVEN RD CLEMMONS, NC 27012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller on July 8, 2016. Record indicate that the facility was licensure on August 20, 2014 for Ninety-Six (96) Beds, of which Thirty-Six (36) are Special Care Beds. Based on the above information, the facility is required to meet the 2005 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirmed and the 2012 North Carolina State Building Code, Section 407, Institutional Occupancy, Group I-2. Deficiencies were noted which require a Plan of Correction.	C 000		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on July 8, 2016: a. Examination of the fire sprinkler riser revealed the accelerator had been by-passed.	C 189		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2016
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF CLEMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 1165 S PEACE HAVEN RD CLEMMONS, NC 27012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 1</p> <p>The sprinkler company was contacted and the deficiency was corrected before Construction Surveyor departed the Site.</p> <p>b. Private Dining - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling, allowing the spread of fire and smoke. The deficiency was corrected before Construction Surveyor departed the Site.</p> <p>2. Based on observations, the fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to smoke/fire if not contained in Room or compartment of origin</p> <p>Findings on June 29, 2016:</p> <p>a. Bulk Laundry - the A Hall corridor door did not latch into its frame, allowing the spread of fire and smoke. The deficiency was corrected before Construction Surveyor departed the Site.</p> <p>b. A Hall Soiled Utility - the corridor door was not rated and did not have a door closer to keep the door closed, allowing the spread of fire and smoke.</p> <p>c. D Hall Soiled Utility - the corridor door was not rated and did not have a door closer to keep the door closed, allowing the spread of fire and smoke.</p>	C 189		